

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kyl L. Smith

Title: COMPOSITIONS FOR
IMPROVING MENTAL
PERFORMANCE

Refund Ref: 02/18/2009 0030066807

Appl. No.: 10/519515

Credit Card Refund Total: \$1115.00

Filing Date: 12/7/2004

VISA.....: XXXXXXXXXXXX6626

Examiner: Michele C. Flood

Art Unit: 1655

Confirmation 2543
Number:

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby petitions the Commissioner under 37 C.F.R. §1.136(a) for a five-month extension of time for response in the above-identified application for the period required to make the attached response timely.

The above-identified fees of \$1,115.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Adjustment date: 02/18/2009 CKHLOK
05/22/2008 INIEFSW 00002278 10519515
02 FC:2255 -1115.00 0P

Respectfully submitted,

Date May 21, 2008

FOLEY & LARDNER LLP
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By 

John M. Garvey
Attorney for Applicant
Registration No. 37,833

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>2/11/09</u>		2 Serial/Patent # <u>10/519515</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input checked="" type="checkbox"/>	Extension of Time		<u>5/21/08</u> \$ 1,115.00
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$1,115.00
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<u>19--0741</u> <i>Credit Card</i>	
<u>paid unnecessary extension of time fees</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Joan Olszewski</u>		TITLE: <u>Petition Examiner</u>	
SIGNATURE: _____		PHONE: <u>571-272-7751</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**